



# 2018-2019 AmeriCorps\*State Program Planning Grant Application Instructions and Attachments

Released in conjunction with the Wisconsin National and Community Service Board  
RFP #1819-WNCSB-PG

## Table of Contents

<b>Important Notice</b>	<b>2</b>
<b>Step 1: Submitting Proposal, Budget, and Additional Documents</b>	
Tips for Writing Your Proposal	3
Budget Instructions	4
Proposal Submission Instructions	4
Required Additional Documents	5
Submission Instructions for Additional Documents	5
Review, Authorize, Submit Proposal	6
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<b>Step 2: Submitting your Application in eGrants (if approved by WNCSB)</b>	<b>7</b>
I. Applicant Info	7
II. Application Info	7
III. Narratives, Performance Measure, and Logic Model	9
IV. Budget Instructions	10
V. Review, Authorize, and Submit	11
<b>Tables</b>	
Table 1: Requirements in the AmeriCorps Regulations	3
Table 2: Match Requirements in the AmeriCorps Regulations	10
<b>Planning Grant Application Instructions Attachments</b>	
A: SF-424 Facesheet Instructions (eGrants Applicant Info and Application Info Sections)	12
B: Performance Measures Instructions for Planning Grant Applicants (eGrants Performance Measures Section)	15
C: AmeriCorps Planning Grant Logic Model Instructions (eGrants Logic Model Section)	19
D: Detailed Budget Instructions (eGrants Budget Section)	20
E: Beale Codes and County-Level Economic Data	23
F: Assurances and Certifications (eGrants Review, Authorize and Submit Sections)	24

## IMPORTANT NOTICE

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These application instructions conform to the Corporation for National and Community Service's online grant application system, [eGrants](#). All funding announcements by the Corporation for National and Community Service (CNCS) are posted on [www.nationalservice.gov](http://www.nationalservice.gov) and [www.grants.gov](http://www.grants.gov). Please direct all questions about these *Application Instructions and Attachments* in writing to the RFP Manager at [serve wisconsin@wisconsin.gov](mailto:serve wisconsin@wisconsin.gov).

**Public Burden Statement:** Public reporting burden for this collection of information is estimated to average 80 hours per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Jennifer Bastress Tahmasebi, 250 E Street, SW, Suite 300, Washington, DC 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed below are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested on the AmeriCorps Application Instructions is collected pursuant to 42 U.S.C. §§ 12581 - 12585 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. § 4953 of the Domestic Volunteer Service Act of 1973 as amended. Purposes and Uses - The information requested is collected for the purposes of reviewing grant applications and granting funding requests. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. Executive Summaries of all compliant applications received and applications of successful applicants will be published on the CNCS website as part of ongoing efforts to increase transparency in grantmaking. This is described in more detail in the *Notice of Federal Funding Opportunity*. The information will not otherwise be disclosed to entities outside of AmeriCorps and CNCS without prior written permission. Effects of Nondisclosure - The information requested is mandatory in order to receive benefits.

**Federal Funding Accountability and Transparency Act:** Grant recipients will be required to report at [www.FSRS.gov](http://www.FSRS.gov) on all subawards over \$25,000 and may be required to report on executive compensation for recipients and subrecipients. Recipients must have the necessary systems in place to collect and report this information. See 2 C.F.R. Part 170 for more information and to determine how these requirements apply.

**Indirect Cost Rates:** CNCS allows applicants to include indirect costs in application budgets. Based on qualifying factors, applicants have the option of using a federally approved indirect cost rate, a 10% de minimis rate of modified total direct costs, or may claim certain costs directly as outlined in 2 C.F.R. § 200.413 Direct costs. Applicants who hold a federal negotiated indirect cost rate must use that rate in lieu of the AmeriCorps 5/10% allocation of administrative costs.

Applicants who hold a state or federal negotiated indirect cost rate or will be using the 10% de minimis rate must enter that information in the Organization section in eGrants (see Attachment J).

**Universal Identifier:** Applications must include a Dun and Bradstreet Data Universal Numbering System (DUNS) number and register with the Central Contractor's Registry (CCR). All grant recipients are required to maintain a valid registration, which must be renewed annually.

**Based on Corporation for National and Community Service Application Instructions:**

OMB Control #: 3045-0047

Expiration Date: 06/30/2020

## Step 1: Submitting Proposal, Budget, and Additional Documents

Please use these application instructions if you are applying for an AmeriCorps\*State **planning grant** in Wisconsin.

**Notification of Intent to Apply:** In order to help us gauge the number of applications we are likely to receive and to plan for technical assistance, all applicants **must submit a Notification of Intent to Apply via Survey Monkey by Midnight Central Time, Wednesday, May 3, 2018**. Access this survey at <https://www.surveymonkey.com/r/18-19A-WNCSB-AC>. Contacts from the Notification of Intent to Apply will receive an e-mail response acknowledging receipt within one (1) business day. **Proposals submitted by applicants who have not submitted a Notification of Intent to Apply by the deadline will not be considered for funding.**

**The deadline for this application is Wednesday, May 15, 2018, by 4:30 PM Central Time.** Your proposal, additional documents, and budget will be submitted electronically to [servewisconsin@wisconsin.gov](mailto:servewisconsin@wisconsin.gov). If approved, your application will be entered into eGrants (<https://egrants.cns.gov/>), CNCS's integrated, secure, web-based system for applications, in June 2018. **We recommend that you create your eGrants account now and familiarize yourself with the system.**

Use these instructions in conjunction with the *WNCSB Request for Proposals (RFP) #1819-WNCSB-PG*, and the AmeriCorps Regulations, 45 CFR §§ 2520–2550. **The RFP includes deadlines, eligibility requirements, submission requirements, and other information that is specific to the grant competition.** The RFP can be found online at <https://servewisconsin.wi.gov/Pages/Grants/AmeriCorpsRFP.aspx>.

The AmeriCorps regulations in Table 1 include pertinent information. The full regulations are available online at <https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

**Table 1: Requirements in the AmeriCorps Regulations**

Topics	Citation in the AmeriCorps Regulations
Member Service Activities	§2520.20 - §2520.55
Prohibited Activities	§2520.65
Tutoring Programs	§2522.900-2522.950
Matching Funds	§2521.35-2521.90
Member Benefits	§2522.240-2522.250
Calculating Cost Per Member Service Year (MSY)	§2522.485
Performance Measures	§2522.500-2522.650
Evaluation	§2522.500-2522.540 and §2522.700-2522.740
Selection Criteria and Selection Process	§2522.400-2522.475

If there is any inconsistency between the AmeriCorps regulations, the RFP, and the Application Instructions, the order of precedence is as follows:

1. AmeriCorps regulations 45 CFR §§ 2520–2550 take precedence over the
2. *Request for Proposals*, which takes precedence over the
3. Application Instructions and Attachments.

### Tips for Writing Your Proposal

The narrative section of the application is your opportunity to convince reviewers that your project meets the selection criteria as outlined in the RFP in Section 2.1.2. You must create your narrative in a word processing document and submit via email. The narrative section will include:

- Executive Summary
- Program Design
- Organizational Capability
- Cost Effectiveness and Budget Adequacy

### Page Limits

Proposals for AmeriCorps Planning Grants may not exceed 14 double-spaced pages with 11 point Arial or Times New Roman font and 1" margins.

## Grant Writing Tips

Below are some general recommendations to help you present your project in a way the reviewers will find compelling and persuasive.

- **Lead from your program strengths and be explicit.** Do not make the mistake of trying to stretch your proposed program description to fit each funding priority and special consideration articulated in the *RFP*.
- **Be clear and succinct.** Reviewers are not interested in jargon, boilerplate, rhetoric, or exaggeration. They are interested in learning precisely what you intend to do, and how your project responds to the selection criteria presented below.
- **Avoid circular reasoning.** The problem you describe should not be defined as the lack of the solution you are proposing.
- **Explain how.** Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
- **Don't make assumptions.** Even if you have received funding from CNCS in the past, do not assume your reviewers know anything about you, your proposed program, your partners, or your beneficiaries. Avoid overuse of acronyms.
- **Use an impartial proofreader.** Before you submit your application, let someone who is completely unfamiliar with your project read and critique the project narrative.
- **Follow the instructions and discuss each criterion in the order they are presented in the instructions.** Use headings to differentiate narrative sections by criterion.

## Budget Instructions

As described in the *RFP*, AmeriCorps Planning Grant applicants may apply for up to \$75,000 in CNCS funds, and must match at 24% with grantee funds. Using *Appendix B: AmeriCorps Program Planning Grant Budget Template*, please submit a detailed budget that meets matching requirements. Your proposed budget should be sufficient to allow you to perform the tasks described in your narrative. Reviewers will consider the information you provide in their assessment of the Cost-Effectiveness and Budget Adequacy selection criteria.

Follow the detailed budget instructions in Attachment D and Section IV-Budget Instructions to prepare your budget. We recommend that you prepare your budget in the same order as indicated in Attachment D.

As you prepare your budget:

- All the amounts you request must be defined for a particular purpose. Do not include miscellaneous, contingency, or other undefined budget amounts.
- Understand the required budget items to be included in Attachment B. **This includes criminal history checks for all grant-funded staff.**
- Itemize each cost and present the basis for all calculations in the form of an equation.
  - For example: Staff travel to host site locations: 1 staff x 100 miles/month x 12 months x \$0.51/mile = \$612.
- Do not include unallowable expenses, e.g., entertainment costs (which include food and beverage costs) unless they are justified as an essential component of an activity.
- Do not include fractional amounts (cents).

Programs must comply with all applicable federal laws, regulations, and the requirements of the OMB Uniform Guidance. Please refer to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) for allowable, allocable, and reasonable cost information, as well as audit requirements, including the need to provide audits to the Clearinghouse if expending over \$750,000 in federal funds, as required in the OMB Uniform Guidance. The OMB Uniform Guidance can be found online at [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

## Required Additional Documents

In addition to your Planning Grant proposal and Budget, you must submit the following Additional Documents by the deadline.

**A. Audit** - Applicant must provide a copy of the most recent A-133 audit, the organization's financial audit, or other financial statements if no formal audit exists. Wisconsin State agencies and universities do not need to provide copies of the State audit.

**B. Organizational Chart**

**C. Recognition of Non-Profit/Tax-Exempt Status Letter from IRS** (if applicable)

**D. Federally Approved Indirect Cost Rate Agreement** (if applicable)

**E. Cost Allocation Plan** (if applicable)

**F. Approval of Federal Funds Used as Match** (if applicable) - If using other federal funds for match, an applicant must provide documentation from the other federal entity showing that those federal funds are permitted to be used as match toward a federal AmeriCorps grant.

**G. Delinquent on Federal Debt** (if applicable) - Any applicant delinquent on federal debt must submit a complete explanation.

**H. Additional Document Checklist (Appendix A)**

**Proposal Submission Instructions**

Applications and additional documents may be submitted by one of the following ways. Please choose only one method of submission:

1. Electronic: Submit your complete application along with all additional required documents as an attachment via email to [servewisconsin@wisconsin.gov](mailto:servewisconsin@wisconsin.gov). Submit all the documents you have to submit together (if possible, given possible attachment size restrictions) with the following email subject line: 2018-19 AmeriCorps Planning Grant Proposal – [Organization Name]. For staff and peer review reasons, electronic submission is the preferred option for your submission.
2. Paper: Send via parcel service or deliver in person your complete application along with all additional required documents in an envelope with the applicant organization name and program name noted on the outside of the envelope, to:

Serve Wisconsin  
2018-19 AmeriCorps Planning Grant Proposal  
1 West Wilson Street, Room B274  
Madison, WI 53703

Please note: applicants have had issues with the U.S. Postal Service delivering packages by the guaranteed delivery date; therefore, we do not recommend applicants rely on this service to submit their additional documents by the deadline.

Applications and additional documents submitted by fax will not be accepted.

Serve Wisconsin staff will date and time stamp required grant application document packets and notify applicants via email upon receipt. Regardless of the method of submission, all additional documents must be received by Serve Wisconsin by **4:30 PM Central Time on Tuesday, May 15, 2018**. Additional documents will be initially reviewed by Serve Wisconsin staff for completion of submission prior to the deadline if they are received in a timely manner. Applicants may be notified of any missing documentation if time permits. **Not submitting all of the required grant application documents by the deadline will result in automatic disqualification of the application. It is the responsibility of the applicant, not the Board, to ensure that all documents have been submitted.**

An application is only complete if it includes all required documentation and is received by the application due date. **Incomplete applications will not be considered.**

**Review, Authorize, and Submit**

Prior to submitting your proposal, budget, and additional documents, you must read over the Authorization, Assurances, and Certifications carefully (Attachment F, pp. 24-30). By submitting your proposal to the Wisconsin

National and Community Service Board, you are authorizing that you understand and agree with these documents. If approved, you will also need to complete this in eGrants (see page 11).

## STEP 2: Submitting Your Application in eGrants

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If your proposal is approved by the Wisconsin National and Community Service Board (WNCSB or the Board) at their June 7, 2018 meeting, you will begin the process of entering your application and budget into eGrants. The deadline for when this must be completed has not been established and will be clearly communicated to applicants as soon as possible. This date will likely be in the middle of June.

Anyone within your organization who will be entering information in the application at any point during application preparation and submission in the eGrants system must have their own eGrants account. If you haven't already, you can begin by establishing an eGrants account by accessing this link:

<https://egrants.cns.gov/espan/main/login.jsp> and selecting "Don't have an eGrants account? Create an account."

If you are already a State Formula or State Competitive grantee and are submitting an application for a planning grant, please write to [servewisconsin@wisconsin.gov](mailto:servewisconsin@wisconsin.gov). Serve Wisconsin will have to contact a Corporation Program Officer in order to create your new application.

### eGrants Help

Contact the eGrants Help Desk at 800-942-2677 (talk to an associate or leave a detailed message) or <https://questions.nationalservice.gov/app/ask> immediately if a problem arises while you are creating your account, preparing, or submitting your application. Be prepared to provide your application ID. If technical issues are preventing you from submitting your application in eGrants by deadline that will be determined later (see above), you must contact the eGrants Help Desk prior to the deadline to explain your technical issue and get a ticket number. If your issue cannot be resolved by the deadline, you must continue working with the eGrants Help Desk to submit your application.

In eGrants, before Starting Section I. you will need to:

- Start a new Grant Application
- Select a Program Area (AmeriCorps)
- Select the applicable NOFA (this will be given to you once approved by the Board)

You will select Wisconsin as your state and select your State Prime Application ID before moving on to the next section. This Application ID will be given to you once approved by the Board.

Your application consists of the following components. Make sure to complete each section.

- I. Applicant Info
- II. Application Info
- III. Narratives
- IV. Performance Measures
- V. Documents
- VI. Budget
- VII. Review, Authorize, and Submit

### I. Applicant Info

Information entered in the Applicant Info, Application Info, and Budget sections will populate the SF 424 Facesheet. **You will find the SF 424 in Attachment A below.**

- Select **New Applicant**

Enter the requested information in the fields that appear. The contact person needs to be the person who can answer questions about the application.

### II. Application Info

**In the Application Info Section enter:**

- Areas affected by your proposed program. Please include the city and/or county name for each host site location, separated with a comma. Include the two-letter capitalized state abbreviation (WI). If there is not enough space to list all cities/counties, note the number of cities/counties, the two-letter capitalized state abbreviation (WI), and ensure to list all of the locations in your grant narrative.



- Requested project period start and end dates. The length of the project period is specified in the *RFP*. Projects may only start on August 15, 2018 or September 1, 2018, and complete no later than August 14, 2019 or August 31, 2019, respectively.
- Enter Funding Type
- State Application Identifier: Enter N/A.
  - The Application is Subject to Review by State Executive Order 12372 Process: This is pre-filled as “No, this is not applicable.”
- Indicate Yes or No if you are delinquent on any federal debt. If yes, send explanation as described in Additional Documents section (page 4).
- Leave the box for “Program Initiative” blank.

**In the Funding/Demographics Section enter all applicable information:**

- Other Revenue funds. Enter the amount of funds that your program uses to run the program that are not identified as CNCS share or grantee share (match). Note: Programs should not enter the total operating budget for their organization unless the entire operating budget supports the AmeriCorps program. Programs that have additional revenue sources not included in the matching funds section of the budget should provide the amount of this additional revenue that supports the program. This amount should not include the CNCS or grantee share amounts in the budget. Fixed amount grantees should enter all non-CNCS funds that support the program in this field. All fixed grants will have other revenue.
- Number of Episodic Volunteers Generated by AmeriCorps members. – N/A
- Number of Ongoing Volunteers Generated by AmeriCorps members. – N/A
- Percentage of MSYs who are opportunity youth – N/A
- Number of reported in O15 who are opportunity youth – N/A
- Number of reported in O17 who are opportunity youth – N/A

**In the Program Information Section:**

General Information: select either Yes or No from the drop down menu

- My organization has received an AmeriCorps State and National Grant. Organizations that have been a host site for AmeriCorps members but never had a direct grant relationship with either a State Commission or CNCS should answer No.
- Opt in to the National Service Registry. Applicants wishing to make information from their application to potential private sector funders can opt in during the application process.

**AmeriCorps Funding Priorities**

Check any priority area(s) that apply to the proposed program. In order to receive priority consideration, applicants must demonstrate that the priority area is a significant part of the program focus, program design, and outcomes.

- Disaster Services – improving community resiliency through disaster preparation, response, recovery, and mitigation
- Economic Opportunity – increasing economic opportunities for communities by engaging opportunity youth, either as the population served and/or as AmeriCorps members, to prepare them for the workforce
- Education – improving student academic performance in Science, Technology, Engineering, and/or Mathematics (STEM)
- Healthy Futures - reducing and/or preventing prescription drug and opioid abuse
- Veterans and Military Families - positively impacting the quality of life of veterans and improving military family strength
- Governor and Mayor(s) Initiatives
- Rural intermediaries that demonstrate measureable impact and primarily serve communities with limited resources and organizational infrastructure
- Safer Communities - programs that focus on public safety, preventing and mitigating civil unrest, and/or partnerships between law enforcement and the community
- Encore Programs - programs that engage Americans age 55 and older
- No NOFO priority area

**Populations Served**

Check the appropriate box(es) to identify the populations the proposed program will serve. If you do not plan to serve any of the listed populations, select "None of the above."

- Individuals who are homeless



- Adult ESL participants
- Youth ESL participants
- Disadvantaged youth (K-12)
- Head Start participants
- Immigrants and refugees
- Individuals receiving hospice or other care for terminal illness
- Individuals receiving mental health services
- Individuals receiving substance abuse services
- Individuals with HIV/AIDS
- Individuals with physical or developmental disabilities
- Senior Citizens
- Victims/Survivors of violence and abuse
- Veterans
- Veteran family members
- Caregivers
- None of the Above

#### **Grant Characteristics**

Check any grant characteristics that apply to the proposed program:

- Faith-based organizations
- Community-based organizations
- SIG/Priority Schools
- Professional Corps
- STEM Program
- Geographic Focus – Urban
- Geographic Focus – Rural
- None of the above grant characteristics

#### **Grant Characteristics – AmeriCorps Member Population:**

- AmeriCorps Member Population – Communities of Color
- AmeriCorps Member Population – Low-income individuals
- AmeriCorps Member Population – Native Americans
- AmeriCorps Member Population – New Americans
- AmeriCorps Member Population – Older Americans
- AmeriCorps Member Population – People with Disabilities
- AmeriCorps Member Population – Rural Residents
- AmeriCorps Member Population – Veterans, Active Military, or their Families
- AmeriCorps Member Population – Economically disadvantaged young adults/Opportunity Youth
- AmeriCorps Member Population – None of the above categories

#### **AmeriCorps Identity/Co-branding Questions:** Select Yes or No.

- AmeriCorps members will wear the AmeriCorps logo every day.
- AmeriCorps members will create and deliver elevator speeches.
- The AmeriCorps logo will be prominently displayed on the front page of the organization's website.

### **III. Narratives**

Please enter the narrative and other information for your Board-approved application with any required changes.

- Executive Summary
- Program Design
- Organizational Capability
- Cost Effectiveness and Budget Adequacy

Note: The Narratives Section also includes fields for Evaluation Plan, Clarification Information, Amendment Justification, and Continuation Changes. **Please enter N/A in these fields. Some may be used at a later date.**

#### **Performance Measures**

Planning Grants do not have a Performance Measure that they need to report on; however, you will not be able to submit your application in eGrants without one. Therefore, please use the instructions below and in Attachment B to insert a placeholder Performance Measure in eGrants.

Your Performance Measure will be:

**Primary Focus Area:** Other Community Priorities

**Primary Intervention:** Other

**Problem Statement:** N/A

**Selected Interventions:** Plan an AmeriCorps program

**Describe Intervention:** N/A

**Output (Applicant Determined):** Design and conduct planning process as outlined in the application.

**Target:** 1

**Measured By:** Other

**Described Instrument:** Other

**Outcome (Applicant Determined):** N/A

**Target:** 1

**Measured By:** Other

**Described Instrument:** Other

**Number of MSYs:** 1

**Number of Members:** 1

*Note: Even though you are entering a number here, your planning grant will not engage any AmeriCorps members.*

#### Logic Model

Planning Grantees must complete a brief Logic Model in eGrants, not to exceed three (3) pages as they print from eGrants. See Attachment C for the logic model template and an example of a planning grant logic model.

#### Additional Documents

Change the status of the additional documents listed in eGrants from the default “Not Sent” to the applicable status “Sent,” “Not Applicable,” or “Already on File at CNCS”.

## IV. Budget Instructions

### A. Match Requirements

Program requirements, including requirements on match are located in the AmeriCorps regulations and summarized in the table below.

**Table 2: Match Requirements in the AmeriCorps Regulations**

Grant Type	Match Requirement
Cost Reimbursement including Planning Grants, Professional Corps, States and Territories without Commissions, Indian Tribes	Minimum grantee share is 24% of program costs for the first three years. Overall grantee share of total program costs increases gradually beginning in Year 4, to 50% by the tenth year of funding and any year thereafter.

- Grantees are required to meet an overall matching rate that increases over time. You have the flexibility to meet the overall match requirements in any of the three budget areas, as long as the minimum match of 24% for the first three years, and the increasing minimums in years thereafter, are maintained. [See 45 CFR §§ 2521.35–2521.90](#) for the specific regulations.
- If you are applying for the first time, you must match with cash or in-kind contributions at least 24% of the project's total Operating Costs (Section I) plus Member Costs (Section II) plus Administrative Costs (Section III). If you are recompeting, please see [45 CFR §§ 2521.40-2521.95](#) for the match schedule.
- The acceptable sources of matching funds are federal, state, local, and/or private sector funds in accordance with applicable AmeriCorps requirements.

- In the “Source of Funds” field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. Identify if the match is secured or proposed. Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your entire match. Define all acronyms the first time they are used.
- In Section III of the budget, enter a brief description of the source of match. Identify each match source separately. Include dollar amount, the match classification (cash, in-kind, or Not Available) and the source type (Private, State/Local, Federal, Other or Not Available). Define all acronyms the first time they are used.

*Note:* The CNCS legislation permits the use of non-CNCS federal funds as match for the grantee share of the budget. Please discuss your intention of using federal funds to match an AmeriCorps grant with the other agency prior to submitting your application. Section 121(e)(5) of the National Community Service Act requires that grantees that use other federal funds as match for an AmeriCorps grant report the amount and source of these funds to CNCS. If you use other federal funds as match, you must ensure you can meet the requirements and purpose of both grants. This information will be reported to WNCBSB in Aggregate Financial Reports (AFRs).

To determine how much grantee match you must provide (in-kind and/or cash), use the equation below:

$$\begin{aligned} \text{CNCS (Federal) Request} \div 0.76 &= \text{TOTAL AWARD} \\ \text{TOTAL AWARD} - \text{CNCS Request} &= \text{Grantee Share (24\%)} \end{aligned}$$

## **V. Review, Authorize, and Submit**

You must review and verify your entire application before submission by completing the following sections in eGrants:

- Review
- Authorize
- Assurances
- Certifications
- Verify
- Submit

Read the Authorization, Assurances, and Certifications carefully (Attachment F). The person who authorizes the application must be the applicant’s Authorized Representative or his/her designee and must have an active eGrants account to sign these documents electronically. An Authorized Representative is the person in your organization authorized to accept and commit funds on behalf of the organization. A copy of the governing body’s authorization for this official representative to sign must be on file in the applicant’s office.

Be sure to check your entire application to ensure that there are no errors before submitting it. eGrants will also generate a list of errors if there are sections that need to be corrected prior to submission when you verify the application. If someone else is acting in the role of the applicant’s authorized representative, that person must log into his/her eGrants account and proceed with Authorize and Submit. After signing off on the Authorization, Assurances, and Certifications, his/her name will override any previous signatory that may appear and show on the application as the Authorized Representative.

# ATTACHMENT A: Facesheet Instructions (eGrants Applicant Info and Application Info Sections)

Modified Standard Form 424 (Rev. 11/02 to conform to eGrants)

This form is required for applications submitted for federal assistance.

## Item #

1. Filled in for your convenience.
2. Self-explanatory.
3. 3. a. and 3. b. are for state use only (if applicable).
4. Item 4. a: Leave blank.  
Item 4. b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number, otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant, not the name of the organizational unit within the legally responsible organization. (For example, indicate "National University" instead of "Liberal Arts Department.")
  - b. Your organization's DUNS number (received from Dun and Bradstreet). **This is a required field. Please see the Notice for instructions on how to obtain a DUNS number.**
  - c. The name of the primary organizational unit that will undertake the assistance activity, if different from 5. a.
  - d. Your organization's complete address with the 9 digit ZIP+ 4 code.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7. a.: Enter the appropriate letter in the box.  
Item 7. b.: Please enter the characteristic(s) that best describe your organization.

### K-12 Education

- 1 School (K-12)
- 2 Local Education Agency
- 3 State Education Agency

### Higher Education

- 4 Vocational/Technical College
- 5 Community College
- 6 2-year College
- 7 4-year College
- 8 Hispanic Serving College or University
- 9 Historically Black College or University
- 10 Tribally Controlled College or University

### Government

- 23 Local Government-Municipal
- 24 Health Department
- 25 Law Enforcement Agency
- 26 Governor's Office
- 27 State Commission/Alternative Administrative Entity

### Non-Profit Organizations

- 11 Community-Based Organization
- 12 Faith-Based Organization
- 13 Chamber of Commerce/ Business Association
- 14 Community Action Agency/ Program
- 15 Service/Civic Organization
- 16 Volunteer Management Organization
- 17 Self-Incorporated Senior Corps Project
- 18 Statewide Association
- 19 National Non-Profit (Multistate)
- 20 Local Affiliate of National Organization
- 21 Tribal Organization (Non-government)
- 22 Other Native American Organization

- 28 Other State Government
- 29 Tribal Government Entity
- 30 Area Agency on Aging
- 31 U.S. Territory

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
  - If you are not a current grantee, but have received a competitive AmeriCorps grant in the past five years, select **Continuation/Renewal**

- If you are applying for the first time, but have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, select **New**
  - If you are applying for the first time, have only received formula funding in the past, or are a former grantee (non-formula) whose last AmeriCorps grant was received more than five years ago, , select **New**
9. Filled in for your convenience.
  10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the *Notice*: 94.006 AmeriCorps State and National.
  11. Enter the project title.
    - a. When applying for a “Continuation” or “Amendment” applicants should use the same title as used for their existing grant program. When applying as a “New Applicant/Previous Grantee” if the application is for re-funding of a previous grant program, use the same title as was used in the prior grant program if appropriate (i.e., if the program is unchanged).
    - b. Enter the name of the program initiative, if any, as provided in the instructions corresponding to the *Notice* for which you are applying; otherwise, leave blank.
  12. List only the largest political entities affected (e.g., counties, and cities). Please include the two-letter abbreviation with both letters capitalized for each state where you plan to operate. Separate each two letter state abbreviation with a comma. For city or county information, please follow each one with the two-letter capitalized state abbreviation.
  13. (See item 8) Enter the dates for the proposed project period. (August 15, 2017 – August 14, 2018 OR September 1, 2017 – August 31, 2018)  
Performance Period: this appears only in eGrants, and is for the use of staff only.
  14. Leave blank, staff use only.
  15. Estimated Funding. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed **during this budget period** on each appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include **only** the amount of the change. For decreases, enclose the amounts in parentheses.
 

<b>a. Federal</b>	The total amount of federal funds being requested in the budget.
<b>b. Applicant</b>	The total amount of the applicant share as entered in the budget.
<b>a. State</b>	The amount of the applicant share that is coming from state sources.
<b>d. Local</b>	The amount of the applicant share that is coming from local governmental sources (e.g., city, county and other municipal sources).
<b>e. Other</b>	The amount of the applicant share that is coming from non-governmental sources.
<b>f. Program Income</b>	The amount of the applicant share that is coming from income generated by programmatic activities (i.e., use of the additive option where program income is used to increase the size of the program).
<b>g. Total</b>	The applicant's estimate of the total funding amount for the agreement.
  16. Pre-filled for your convenience. This program is excluded from coverage by Executive Order 12372.
  17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
  18. The person who signs this form must be the applicant’s authorized representative. A copy of the governing body’s authorization for this official representative to sign must be on file in the applicant’s office.

**Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S.C. § 1001)**



**APPLICATION FOR FEDERAL ASSISTANCE**

Standard Form 424 (Rev. 2-2007) Prescribed by OMB Circular A-102

**1. TYPE OF SUBMISSION:**☒ Application ☒ Non-Construction**2. a. DATE SUBMITTED:****3. a. DATE RECEIVED BY STATE:****3. b. STATE APPLICATION IDENTIFIER:**

2. b. APPLICATION IDENTIFIER:

**4. a. DATE RECEIVED BY FEDERAL AGENCY:****4. b. FEDERAL IDENTIFIER: (Staff Only)****5. APPLICANT INFORMATION**

5. a. LEGAL NAME:

5. b. ORGANIZATIONAL DUNS:

5. d. ADDRESS (*give street address, city, county, state and zip code*):

STREET:

CITY: COUNTY:

STATE: COUNTRY:

5. e. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (*give area code*):

NAME:

TELEPHONE NUMBER: ( ) -

FAX NUMBER: ( ) - EMAIL:

INTERNET E-MAIL ADDRESS:

WEBSITE:

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):****7. a. TYPE OF APPLICANT: (*enter appropriate letter in box*)**

- A. State H. Independent School District ☐  
 B. County I. State Controlled Institution of Higher Learning  
 C. Municipal J. Private University  
 D. Township K. Indian Tribe  
 E. Interstate L. Individual  
 F. Intermunicipal M. Profit Organization  
 G. Special District N. Private Non-Profit Organization  
 O. Federal Government P. HQ Internal Organizations  
 Q. State Education Agency R. Territory  
 S. Other (specify) \_\_\_\_\_

**7. b. CNCS APPLICANT CHARACTERISTICS *Enter appropriate codes:*****8. TYPE OF APPLICATION**

- ☐ NEW ☐ NEW/PREVIOUS GRANTEE  
☐ CONTINUATION ☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. AUGMENTATION B. BUDGET REVISION:

C. NO COST EXTENSION to \_\_\_\_\_ (*enter date*)E. OTHER (*specify below*)**9. NAME OF FEDERAL AGENCY:**

Corporation for National and Community Service

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:****11. a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:****12. AREAS AFFECTED BY PROJECT (*List Cities, Counties, States, etc.*):****11. b. CNCS PROGRAM INITIATIVE (IF ANY):****13. PROPOSED PROJECT: START DATE: ENDING DATE:****14. Performance Period (Staff Use Only\_****15. ESTIMATED FUNDING: Check applicable box: Yr 1: ☐ Yr. 2: ☐ Yr. 3:**

a. FEDERAL	\$
b. APPLICANT	\$
c. STATE	\$
d. LOCAL	\$
e. OTHER	\$
f. PROGRAM INCOME	\$
g. TOTAL	\$

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE \_\_\_\_\_

b. NO. ☒ PROGRAM IS NOT COVERED BY E.O. 12372

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

☐ YES If "Yes," attach an explanation. ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

b. TITLE:

c. TELEPHONE NUMBER:

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:

e. DATE SIGNED:



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## **ATTACHMENT B: Performance Measures Instructions for Planning Grant Applicants (eGrants Performance Measures Section)**

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### **About the Performance Measures Module**

In the performance measures module, you will:

- Provide information about your program's connection to CNCS focus areas and objectives.
- Show MSY and member allocations.
- Create one or more aligned performance measure.
- Set targets and describe data collection plans for your performance measures.

### **Home Page**

To start the module, click the "Begin" button on the Home Page.

As you proceed through the module, the Home Page will summarize your work and provide links to edit the parts of the module you have completed. You may also navigate sections of the module using the tab feature at the top of each page.

Once you have started the module, clicking "Continue Working" will return you to the tab you were on when you last closed the module.

To edit the interventions, objectives, MSYs, and member allocations for your application, click the "Edit Objectives/MSYs/Members" button.

After you have created at least one aligned performance measure, the Home Page will display a chart summarizing your measures. To edit a performance measure, click the "Edit" button. To delete a measure, click "Delete." To create a new performance measure, click the "Add New Performance Measure" button.

### **Objectives Tab**

An expandable list of CNCS focus areas appears on this tab. When you click on a focus area, a list of objectives from the CNCS strategic plan appears. A list of common interventions appears under each objective.

First click on a focus area. Then click on an objective. Planning Grant applicants will select "Other Community Priorities".

Next, select all interventions that are part of your program design. Interventions are the activities that members and volunteers will carry out to address the problem(s) identified in the application. Planning Grant applicants will select "Other".

Choose your program's primary focus area from the drop-down list. Planning Grant applicants will select "Other Community Priorities".

### **MSYs/Members Tab**

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. Begin by entering the total MSYs for your program.

Next, enter the number of MSYs your program will allocate to each objective. Planning Grant applicants will enter one (1) MSY and one (1) Member for the Performance Measure even though no AmeriCorps members will be utilized.

As you enter MSYs into the MSY column of the chart, the corresponding percentage of MSYs will calculate automatically. When you have finished entering your MSYs, the total percentage of MSYs in the chart must be 100%. The total number of MSYs in the chart must equal the number of MSYs in your budget (+/- 1 MSY).

## Performance Measure Tab

This tab allows you to create sets of aligned performance measures for all the grant activities you intend to measure. Planning Grant applicants must create one aligned performance measure placeholder in order to submit the application in eGrants.

To create an aligned performance measure, begin by selecting an objective. The list of objectives includes those you selected on the objectives tab (Other).

Provide the following title for your performance measure: Planning Grant

Enter *N/A* for the Problem Statement.

Enter *Plan an AmeriCorps Program* for the Selected Interventions.

Enter *N/A* for Described Instruments.

Create an applicant-determined output by clicking "Add User Output." Enter *Design and conduct planning process as outlined in the application* for the description.

Create an applicant-determined outcome by clicking "Add User Outcome." Enter *N/A* for the description.

Enter one (1) MSY and one (1) Member for the Performance Measure.

Click "next" to proceed to the data collection tab.

## Data Collection Tab

On this tab, you will provide additional information about your interventions, instruments and plan for data collection.

Enter the target number for your output and outcome as *one (1) Other*, Measured By *Other*, and Described Instrument as *Other*.

After entering data collection information for all outputs and outcomes, click "Mark Complete." You will return to the Performance Measure tab. To continue to the next step of the module, click "Next."

## Summary Tab

The summary tab shows all of the information you have entered in the module.

To print a summary of all performance measures, click "Print PDF for all Performance Measures."

To print one performance measure, expand the measure and click "Print This Measure."

Click "Edit Performance Measure" to return to the Performance Measure tab.

Click "Edit Data Collection" to return to the Data Collection tab.

Click "Validate Performance Measures" to validate this module prior to submitting your application. **You must validate your Performance Measures in order for your application to be submitted.**

## Understanding MSY and Member Allocations in the AmeriCorps\*State Application

### How to Calculate MSY and Member Allocations

Enter 1 for MSY and Members.

### How It Looks on the MSY Tab

The program enters the total number of MSYs and members for each objective on the MSY/Members tab of the performance measures module. The system automatically calculates the percentage of MSYs allocated to each objective. Planning Grant applicants will only have one output and one outcome, with one MSY and one member.

Home Page Objective **MSY/Members** Performance Measure Data Collection Summary

**Screen Instructions**

On this tab, you will enter information about the allocation of MSYs and members across the focus areas and objectives you have selected. Begin by entering the total MSYs for your program.

Next, enter the number of MSYs your program will allocate to each objective. Only the objectives that were selected on the previous tab appear in the MSY chart. If some of your program's objectives are not represented in the chart, return to the previous tab and select additional objectives. The MSY chart must show how all your program's resources are allocated. If you have selected the Find Opportunity objective (under the Economic Opportunity focus area) and/or the Teacher Corps objective

**Summary**

Program: AmeriCorps

Focus Areas: Education

Objectives: School Readiness, K-12 Success

**Resource Allocation**

\* Enter Total MSYs for the project: 111.13

Enter the number of MSYs allocated to each objective. For planning grants, enter 0.

Focus Area	Objective	MSY	% of total MSY	Members
Education	School Readiness	50.50	45.44	105
Education	K-12 Success	60.63	54.56	135
	Sub Total:	111.13	100.00	240
	GRAND TOTAL:	111.13	100.0	240

Save Back Next

### How It Looks in the 424 PDF

Table 1 and its corresponding pie chart show the total number of MSYs by Focus Area. Since both the K-12 Success and School Readiness objectives are in the Education Focus Area, Table 1 shows 100% of MSYs in Education.

MSYs by Focus Area



Table1: MSYs by Focus Areas

Focus Area	% MSYs
Education	100%

Table 4 in the PDF report shows the number of MSYs and members allocated to each objective, as seen on the MSY/Members tab:

Table4: No of MSY and Members by Objective

Objectives	No of MSYs	No of Members
K-12 Success	60.63	135
School Readiness	50.50	105
<b>Total</b>	<b>111.13</b>	<b>240</b>

Note that the total number of members does not accurately reflect the number of slots the program is requesting since some members are performing service in both objectives. The total number of MSYs does, however, reflect the total number of MSYs requested by the program.

Table 2 and its corresponding pie chart show the same MSY information expressed as percentages of the total MSYs (shown on next page):

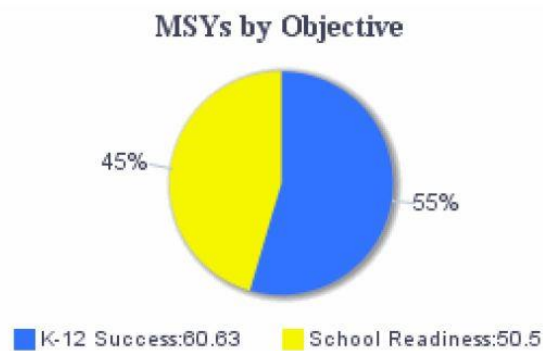


Table2: MSYs by Objectives

Objectives	%MSYs
K-12 Success	55%
School Readiness	45%

#### How to Assign MSYs to Performance Measures

N/A for Planning Grants

#### How It Looks in the 424 PDF

N/A for Planning Grants

## ATTACHMENT C: AmeriCorps Planning Grant Logic Model Instructions (eGrants Logic Model Section)

To begin entering your logic model, from your eGrants application page select “Logic Model” in the left side navigation menu. In the first blank row of the logic model, click “edit.” Clicking this link will open a pop-up screen with fields for each column of the logic model. Complete any fields that are applicable; there are no required fields in this screen. When you are finished click “save and close.”

You may add an unlimited number of rows to the logic model by clicking “add a new row”; however, your logic model may not exceed three (3) pages as it prints from eGrants.

Below is an example of a Planning Grant logic model. This is provided for your reference. Your Logic Model may look very different depending on your organization’s needs and planning grant activities.

### Planning Grant Logic Model Example

Problem	Inputs	Activities	Outputs	Short-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
<i>The community problem that the program activities (interventions) are designed to address.</i>	<i>Resources that are necessary to deliver the program activities (interventions), including the number of locations/sites and the number/type of AmeriCorps members.</i>	<i>The core activities that define the intervention or program model that members will implement or deliver, including duration, dosage, and target population.</i>	<i>Direct products from program activities.</i>	<i>Changes in knowledge, skills, attitudes, and opinions. These outcomes, if applicable to the program design, will almost always be measurable during the grant year.</i>	<i>Changes in behavior or action. Depending on program design, these outcomes may or may not be measurable during the grant year.</i>	<i>Changes in condition or status in life. Depending on program design, these outcomes may or may not be measurable during the grant year.</i>
Organization intends to develop an AmeriCorps Program to address Education issues, but requires training and planning time in order to develop the AmeriCorps program prior to applying for funding.	Organization staff  Consultant  Serve Wisconsin staff  Volunteers	Capacity-building activities will include: - Attending training offered by Serve WI - Engaging with Consultant to complete needs assessment and develop project goals - Meeting with current AmeriCorps program staff to learn best practices - Training new staff on AmeriCorps requirements	1. Host Sites Identified and agreements created 2. Member Positions defined and written 3. Policies and Procedures created 4. Financial systems developed or refined for AmeriCorps requirements	Organization staff will have increased knowledge of AmeriCorps Rules and Requirements  Organization will be prepared to write and manage an AmeriCorps program	Organization will implement required business practices to manage successful AmeriCorps program	Organization will submit an AmeriCorps Program Grant proposal within two years



## ATTACHMENT D: Detailed Budget Instructions (eGrants Budget Section)

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### Section I. Program Operating Costs

Complete Section I, Program Operating Costs, of the Budget Worksheet by entering the “Total Amount,” “CNCS Share,” and “Grantee Share” for Parts A-I, for Year 1 of the grant, as follows:

#### A. Personnel Expenses

Under “Position/Title Description,” list each staff position separately and provide salary and percentage of effort as percentage of FTE devoted to this award. Each staff person’s role listed in the budget must be described in the application narrative and each staff person mentioned in the narrative must be listed in the budget as either CNCS or Grantee share. Because the purpose of this grant is to enable and stimulate volunteer community service, do not include the value of direct community service performed by volunteers. However, you may include the value of volunteer services contributed to the organization for organizational functions such as accounting, audit work, or training of staff.

Note: Any personnel listed in this section must have National Service Criminal History checks completed prior to charging staff time to the grant. This includes both CNCS and Grantee Share. See Section I for more details.

#### B. Personnel Fringe Benefits

Under “Purpose/Description,” identify the types of fringe benefits to be covered and the costs of benefit(s) for each staff position. Allowable fringe benefits typically include FICA, Worker’s Compensation, Retirement, SUTA, Health and Life Insurance, IRA, and 401K. You may provide a calculation for total benefits as a percentage of the salaries to which they apply or list each benefit as a separate item. If a fringe benefit amount is over 30%, please list covered items separately and justify the high cost. Holidays, leave, and other similar vacation benefits are not included in the fringe benefit rates, but are absorbed into the personnel expenses (salary) budget line item.

#### C. 1. Staff Travel

Describe the purpose for which program staff will travel. Provide a calculation that includes itemized costs for airfare, transportation, lodging, per diem, and other travel-related expenses multiplied by the number of trips/staff. Where applicable, identify the current standard reimbursement rate(s) of the organization for mileage, daily per diem, and similar supporting information. Reimbursement should not exceed the current federal mileage rate unless a result of applicant policy and justified in the budget narrative. Only domestic travel is allowable. Please itemize the costs.

#### C. 2. Member Travel

**Not applicable.** AmeriCorps\*State Planning Grants do not support member costs.

#### D. Equipment

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of **\$5,000 or more per unit** (including accessories, attachments, and modifications). Any items that do not meet this definition should be entered in E. Supplies below. Purchases of equipment are limited to 10% of the total CNCS funds requested. If applicable, show the unit cost and number of units you are requesting. Provide a brief justification for the purchase of the equipment under Item/Purpose.

#### E. Supplies

Include the amount of funds to purchase consumable supplies and materials, including member service gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 or more. Except for safety equipment, grantees may only charge the cost of member service gear to the federal share if it includes the AmeriCorps logo. All safety gear may be charged to the federal share, regardless of whether it includes the AmeriCorps logo. All other service gear must be purchased with non-CNCS funds.

#### F. Contractual and Consultant Services

Include costs for consultants related to the project’s planning operations, except training or evaluation consultants, who will be listed in Sections G. and H., below. There is not a maximum daily rate.

It is strongly encouraged that you work with consultants during the planning process to ensure that appropriate benchmarks are set and met, staff receives adequate training, and the organization is prepared to manage an AmeriCorps program. Consultants funded under this grant cannot be used to help write a Federal application.



### **G. 1. Staff Training**

Include the costs associated with training staff on project requirements and training to enhance the skills staff need for effective project implementation, i.e., project or financial management, team building, etc. If using a consultant(s) for training, indicate the estimated daily rate. There is not a maximum daily rate.

### **G. 2. Member Training**

**Not applicable.** AmeriCorps\*State Planning Grants do not support member costs.

### **H. Evaluation**

Include costs for project evaluation activities, including additional staff time or subcontracts, use of evaluation consultants, purchase of instrumentation, and other costs specifically for this activity not budgeted in Personnel Expenses. This cost does not include the daily/weekly gathering of data to assess progress toward meeting performance measures, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

### **I. Other Program Operating Costs**

Allowable costs in this budget category should include when applicable:

- **REQUIRED:** Criminal history background checks for all employees or other individuals who receive a salary, education award, living allowance, or stipend or similar payment from the grant (federal or non-federal share). Please include the cost for these checks for staff or explain how your program will be covering the cost in the budget narrative.
- Office space rental for projects operating without an approved indirect cost rate agreement that covers office space. If space is budgeted and it is shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Utilities, telephone, internet and similar expenses that are specifically used for AmeriCorps program planning project staff, and are not part of the organization's indirect cost allocation pool. If such expenses are budgeted and shared with other projects or activities, the costs must be equitably pro-rated and allocated between the activities or projects.
- Gifts and/or food in an entertainment/event setting are not allowable costs.

### **Section II. Member Costs**

**Not applicable.** AmeriCorps\*State Planning Grants do not support member costs.

#### **A. Living Allowance – N/A**

#### **B. Member Support Costs – N/A**

### **Section III. Administrative/Indirect Costs**

#### **Definitions**

Administrative costs are general or centralized expenses of the overall administration of an organization that receives CNCS funds and do not include particular project costs. These costs may include administrative staff positions. For organizations that have an established indirect cost rate for federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate agreement. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Uniform Guidance.

#### **Options for Calculating Administrative/Indirect Costs (choose either A, B, OR C)**

Applicants choose one of three methods to calculate allowable administrative costs – a CNCS-fixed percentage rate method, a federally approved indirect cost rate method, or a de minimis method. Regardless of the option chosen, the CNCS share of administrative costs is limited to 5% of the total CNCS funds **actually expended** under this grant. Do not create additional lines in this category. See Attachment J for instructions on how to enter.

#### **A. CNCS-Fixed Percentage Method**

##### **Five Percent Fixed Administrative Costs Option**

The CNCS-fixed percentage rate method allows you to charge administrative costs up to a cap without a federally approved indirect cost rate and without documentation supporting the allocation. If you choose the CNCS-fixed percentage rate method (Section IIIA in eGrants), you may charge, for administrative costs, a fixed 5% of the total of the CNCS funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures.

1. To determine the maximum CNCS share for Section III: Multiply the sum of the CNCS funding shares of Sections I and II by 0.0526. This is the maximum amount you can request as Corporation share. The factor 0.0526 is used to calculate the 5% maximum amount of federal funds that may be budgeted for administrative (indirect) costs, rather than 0.0500, as a way to mathematically compensate for determining Section III costs when the total budget (Sections I + II + III) is not yet established. Enter this amount as the CNCS share for Section III A.

2. To determine the Grantee share for Section III: Multiply the total (both CNCS and grantee share) of Sections I and II by 10% (0.10) and enter this amount as the grantee share for Section III A.

3. Enter the sum of the CNCS and grantee shares under Total Amount. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

Example: CNCS Section I (\$250,000) + CNCS Section II (\$100,000) = \$350,000 x 0.0526 = \$18,410. Total Section I (\$400,000) + Total Section II (\$200,000) = \$600,000 x 0.10 = \$60,000. CNCS Share of Administrative Costs = \$18,410. Grantee Share of Administrative Costs = \$60,000.

### **B. Federally Approved Indirect Cost Rate**

If you have a federally approved indirect cost rate, this method must be used and the rate will constitute documentation of your administrative costs, not to exceed the 5% maximum federal share payable by CNCS. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage) and the base upon which this rate is calculated (direct salaries, salaries and fringe benefits, etc.). CNCS does not restrict the overall indirect cost rate claimed. It is at your discretion whether or not to claim your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate in the Rate Claimed field.

1. Determine the base amount of direct costs to which you will apply the IDC rate, including both the CNCS and Grantee shares, as prescribed by your established rate agreement (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.

2. To determine the CNCS share: Multiply the sum of the CNCS funding share in Sections I and II by 0.0526. This is the maximum amount you can claim as the CNCS share of indirect costs.

3. To determine the Grantee share: Subtract the amount calculated in step 2 (the CNCS administrative share) from the amount calculated in step 1 (the Indirect Cost total). This is the amount the applicant can claim as grantee share for administrative costs.

### **C. De Minimis Rate of 10% of Modified Total Direct Costs**

Organizations that have **never**, at any point in time, held a federally negotiated indirect cost rate (except for those non-Federal entities described in Appendix VII to Part 200—States and Local Government and Indian Tribe Indirect Cost Proposals, paragraph (d)(1)(B)) and that receive less than \$35 million in direct federal funding may indefinitely use a *de minimis* rate of 10% of modified total direct costs (MTDC). Additional information regarding what is included in MTDC and use of this option can be found at 2 CFR 200.414(f) and 200.68. If this option is elected, it must be used consistently across all federal awards.

### **Source of Funds**

In the "Source of Funds" field that appears at the end of Budget Section III, enter a brief description of the match. Identify each match source separately. **Identify if the match is secured or proposed.** Include dollar amount, the match classification (cash or in-kind), and the source type (Private, State/Local, or Federal) for your **entire match**. Define all acronyms the first time they are used. The total amount of Source of Match should equal the Grantee Share amount.

## ATTACHMENT H: Beale Codes and County-Level Economic Data for Alternative Match Requests

### Rural Community

**Beale codes** are published by the U.S. Department of Agriculture and are used to classify counties as being more urban or more rural. Counties are designated on a scale from one to nine according to the following descriptions:

2003 Beale Codes		
Code#	Metropolitan Type	Description
1	Metropolitan	Counties in metro areas of 1 million population or more
2	Metropolitan	Counties in metro areas of 250,000 to 1 million
3	Metropolitan	Counties in metro areas of fewer than 250,000
4	Non-metro	Urban population of 20,000 or more, adjacent to a metropolitan area
5	Non-metro	Urban population of 20,000 or more, not adjacent to a metropolitan area
6	Non-metro	Urban population of 2,500 to 19,999, adjacent to a metropolitan area
7	Non-metro	Urban population of 2,500 to 19,999, not adjacent to a metropolitan area
8	Non-metro	Completely rural or less than 2,500 urban population, adjacent to a metropolitan area
9	Non-metro	Completely rural or less than 2,500 urban population, not adjacent to a metropolitan area

Any program located in a county with a Beale code of 4, 5, 6, 7, 8, or 9 is eligible to apply for the alternative match.

### Severely Economically Distressed Community

The following table provides the website addresses where the publicly available information on county-level economic data including per capita income, poverty rate, and unemployment levels can be found.

WEBSITE ADDRESS	EXPLANATION
<a href="http://www.econdata.net">www.econdata.net</a>	<b>Econdata.Net:</b> This site links to a variety of social and economic data by states, counties and metro areas.
<a href="http://www.bea.gov/regional/">http://www.bea.gov/regional/</a>	<b>Bureau of Economic Analysis' Regional Economic Information System (REIS):</b> Provides data on per capita income by county for all states except Puerto Rico.
<a href="http://www.census.gov/hhes/www/saipe/index.html">www.census.gov/hhes/www/saipe/index.html</a>	<b>Census Bureau's Small Area Poverty Estimates:</b> Provides data on poverty and population estimates by county for all states except Puerto Rico.
<a href="https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml">https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml</a>	<b>Census Bureau's American Fact-finder:</b> Provides census data including estimates on poverty, per capita income and unemployment by counties, states, and metro areas and Puerto Rico.
<a href="http://www.bls.gov">www.bls.gov</a>	<b>Bureau of Labor Statistics' Local Area Unemployment Statistics (LAUS):</b> Provides data on annual and monthly employment and unemployment by counties for all states including Puerto Rico.
<a href="https://www.ers.usda.gov/dataproducts/rural-urban-continuumcodes.aspx">https://www.ers.usda.gov/dataproducts/rural-urban-continuumcodes.aspx</a>	<b>US Department of Agriculture's Rural-Urban Continuum Codes:</b> Provides urban rural code for all counties in US.

# ATTACHMENT F: Assurances and Certifications (eGrants Review, Authorize and Submit Section)

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## Instructions

**By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.**

**a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

**b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

**e) Assurance requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**f) Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

**g) Assurance of subgrant principals**

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**h) Non-assurance in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**i) Prudent person standard**

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that the applicant:

- Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
- Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of disability (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290dd-3 and 290ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
- Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-77), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
- Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
  - Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
  - Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
  - Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
  - Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
  - Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.
- Will comply with all rules regarding prohibited activities, including those stated in applicable Notice, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
  - Will comply with the nondiscrimination provisions in the national service laws, which provide that an individual with responsibility for the operation of a project or program that receives assistance under the national service laws shall not discriminate against a participant in, or member of the staff of, such project or program on the basis of race, color, national origin, sex, age, political affiliation, disability, or on the basis of religion. (NOTE: the prohibition on religious discrimination does not apply to the employment of any staff member paid with non-Corporation funds or paid with Corporation funds but employed with the organization operating the project prior to or on the date the grant was awarded. If your organization is a faith-based organization that makes hiring decisions on the basis of religious belief, your organization may be entitled, under the Religious Freedom Restoration Act, 42 U.S.C. § 2000bb, to receive federal funds and yet maintain that hiring practice, even though the national service legislation includes a restriction on religious discrimination in employment of staff hired to work on a Corporation-funded project and paid with Corporation grant funds. (42 U.S.C. §§ 5057(c) and 12635(c)). For the circumstances under which this may occur, please see the document "Effect of the Religious Freedom Restoration Act on Faith-Based Applicants for Grants" on the Corporation's website at: <http://www.usdoj.gov/archive/fbci/effect-rfra.pdf>.
  - Will comply with all other federal statutes relating to nondiscrimination, including any self-evaluation requirements. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; and (i) the requirements of any other nondiscrimination statute(s) which may apply to the application.
  - Will provide, in the design, recruitment, and operation of any AmeriCorps program, for broad-based input from – (1) the community served, the municipality and government of the county (if appropriate) in which the community is located, and potential participants in the program; and (2) community-based agencies with a demonstrated record of experience in providing services and local labor organizations representing employees of service sponsors, if these entities exist in the area to be served by the program;
  - Will, prior to the placement of participants, consult with the appropriate local labor organization, if any, representing employees in the area who are engaged in the same or similar work as that proposed to be carried out by an AmeriCorps program, to ensure compliance with the nondisplacement requirements specified in section 177 of the NCSA;
  - Will, in the case of an AmeriCorps program that includes or serves children, consult with the parents or legal guardians of children in developing and operating the program;

- Will, before transporting minor children, provide the children's parents or legal guardians with the reason for the transportation and obtain the parent's or legal guardian's permission for such transportation, consistent with state law;
- Will, in the case of an AmeriCorps program that is not funded through a State, consult with and coordinate activities with the State Commission for the state in which the program operates.
- Will ensure that any national service program carried out by the applicant using assistance provided under section 121 of the National and Community Service Act of 1990 and any national service program supported by a grant made by the applicant using such assistance will address unmet human, educational, environmental, or public safety needs through services that provide a direct benefit to the community in which the service is performed;
- Will comply with the nonduplication and nondisplacement requirements set out in section 177 of the National and Community Service Act of 1990, and in the Corporation's regulations at § 2540.100;
- Will comply with the grievance procedure requirements as set out in section 176(f) of the National and Community Service Act of 1990 and in the Corporation's regulations at 45 CFR § 2540.230;
- Will provide participants in the national service program with the training, skills, and knowledge necessary for the projects that participants are called upon to perform, including training on prohibited activities;
- Will provide support services to participants, such as information regarding G.E.D. attainment and post-service employment, and, if appropriate, opportunities for participants to reflect on their service experiences;
- Will arrange for an independent evaluation of any national service program carried out using assistance provided to the applicant under section 121 of the National and Community Service Act of 1990 or, with the approval of the Corporation, conduct an internal evaluation of the program;
- Will apply measurable performance goals and evaluation methods, which are to be used as part of such evaluation to determine the program's impact on communities and persons served by the program, on participants who take part in the projects, and in other such areas as required by the Corporation;
- Will ensure the provision of a living allowance and other benefits to participants as required by the Corporation;
- Has not violated a Federal criminal statute;
- If a state applicant, will ensure that the State subgrants will be used to support national service programs selected by the State on a competitive basis;
- If a state applicant, will seek to ensure an equitable allocation within the State of assistance and approved national service positions, taking into consideration such factors as the locations of the programs, population density, and economic distress;
- If a state applicant, will ensure that not less than 60% of the assistance will be used to make grants to support national service programs other than those carried out by a State agency, unless the Corporation approves otherwise.



## **CERTIFICATIONS**

### **Certification – Debarment, Suspension, and Other Responsibility Matters**

This certification is required by the government-wide regulations implementing Executive Order 12549, Debarment and Suspension, 2 CFR Part 180, Section 180.335, *What information must I provide before entering into a covered transaction with a Federal agency?*

As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor its principals:

- Is presently excluded or disqualified;
- Has been convicted within the preceding three years of any of the offenses listed in § 180.800(a) or had a civil judgment rendered against it for one of those offenses within that time period;
- Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission or any of the offenses listed in § 180.800(a); or
- Has had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

### **Certification – Drug Free Workplace**

This certification is required by the Corporation's regulations implementing sections 5150-5160 of the Drug-Free Workplace Act of 1988 (P.L. 100-690), 45 CFR Part 2545, Subpart B. The regulations require certification by grantees, prior to award, that they will make a good faith effort, on a continuing basis, to maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 45 CFR Part 2542, Subparts G and H).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

- A. Publishing a drug-free workplace statement that:
  - a. Notifies employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace;
  - b. Specifies the actions that the grantee will take against employees for violating that prohibition; and
  - c. Informs employees that, as a condition of employment under any award, each employee will abide by the terms of the statement and notify the grantee in writing if the employee is convicted for a violation of a criminal drug statute occurring in the workplace within five days of the conviction;
- B. Requiring that a copy of the statement described in paragraph (A) be given to each employee who will be engaged in the performance of any Federal award;
- C. Establishing a drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace;
  - b. The grantee's policy of maintaining a drug-free workplace;
  - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
  - d. The penalties that the grantee may impose upon them for drug abuse violations occurring in the workplace;
- D. Providing us, as well as any other Federal agency on whose award the convicted employee was working, with written notification within 10 calendar days of learning that an employee has been convicted of a drug violation in the workplace;
- E. Taking one of the following actions within 30 calendar days of learning that an employee has been convicted of a drug violation in the workplace:
  - a. Taking appropriate personnel action against the employee, up to and including termination; or
  - b. Requiring that the employee participate satisfactorily in a drug abuse assistance or rehabilitation program approved for these purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- F. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A) through (E).

**Certification - Lobbying Activities**

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- No federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, or modification of any federal contract, grant, loan, or cooperative agreement;
- If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the applicant will submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- The applicant will require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients will certify and disclose accordingly.

**Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

**Definitions**

The terms "debarment", "suspension", "excluded", "disqualified", "ineligible", "participant", "person", "principal", "proposal", and "voluntarily excluded" as used in this document have the meanings set out in 2 CFR Part 180, subpart I, "Definitions." A transaction shall be considered a "covered transaction" if it meets the definition in 2 CFR part 180 subpart B, "Covered Transactions."

**Assurance requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

**Assurance inclusion in subgrant agreements**

You agree by submitting this proposal that you will obtain an assurance from prospective participants in all lower tier covered transactions and in all solicitations for lower tier covered transactions that the participants are not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction.

**Assurance of subgrant principals**

You may rely upon an assurance of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the assurance is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

**Non-assurance in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

**Prudent person standard**

Nothing contained in the aforementioned may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

**Certification - Grant Review Process (State Commissions Only)**

I certify that in conducting our review process, we have ensured compliance with the National and Community Service Act of 1990, the Corporation's peer review requirements, and all state laws and conflict of interest rules.

**ASSURANCES AND CERTIFICATIONS****ASSURANCE SIGNATURE:    NOTE: Sign this form and include in the application.**

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**SIGNATURE:**

By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

**Organization Name:****Program Name:****Name and Title of Authorized Representative:****Signature:****Date:****CERTIFICATION SIGNATURE:    NOTE: Sign this form and include in the application.**

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**SIGNATURE:**

By signing this certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- .    Certification: Debarment, Suspension and Other Responsibility Matters
- .    Certification: Drug-Free Workplace
- .    Certification: Lobbying Activities

**Organization Name:****Program Name:****Name and Title of Authorized Representative:****Signature:****Date:**

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